

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000044674

**FILED  
Apr 17, 2015  
Secretary of State  
CC5398882402**

**Entity Name:** GRACE IN HOME PRIMARY CARE, LLC

**Current Principal Place of Business:**

10460 ROOSEVELT BLVD NORTH  
SUITE 294  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

10460 ROOSEVELT BLVD NORTH  
SUITE 294  
ST. PETERSBURG, FL 33716 US

**FEI Number:** 46-5171445

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANKEL, JAYMIE  
10460 ROOSEVELT BLVD NORTH  
SUITE 294  
ST. PETERSBURG, FL 33716 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FRANKEL, JAYMIE  
Address 10460 ROOSEVELT BLVD NORTH  
SUITE 294  
City-State-Zip: ST. PETERSBURG FL 33716

Title MGRM  
Name ASALITA, TRACY  
Address 10460 ROOSEVELT BOULEVARD  
NORTH SUITE 294  
City-State-Zip: ST. PETERSBURG FL 33716

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACY ASALITA

**PRACTICE  
ADMINISTRATOR**

**04/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date